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FATAL DISEASE OF THE LARYNX, ACCOMPANIED BY ULCERATION AND ABSCESS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The increased interest that has been awakened in the profession within the last few years, in regard to affections of the throat, has induced me to give the details of the following case; and although it may throw no light on the subject, yet the accumulation of cases may elicit something of importance in the diagnosis and treatment of these very obscure forms of disease.

Mr. S——, æt. 51, a thin, spare man, of a nervo-lymphatic temperament and previous good health, consulted me in the month of August, 1851, for a partial aphonia of some months standing. He gave the following history of his case. Some time during the spring previous, he had discovered his voice growing somewhat "husky," but attributed it to a "cold," although there were no other catarrhal symptoms present. He gave no attention to it, as it occasioned little inconvenience, until, from the earnest solicitation of his friends, he was induced to seek medical advice. It may be well to remark that there is a predisposition in the family to affections of the throat, and a sister of the patient died a few years since from what her physicians called paralysis of the muscles of deglutition, although it was an obscure case. These circumstances operated somewhat, perhaps, to awaken his fears.

Upon examining his throat before a strong light, I found the mucous follicles of the pharynx enlarged, with occasional patches of ulceration; some of them as large as a split pea. The epiglottis was easily brought into view, and seemed healthy. There was no pain whatever in the region of the larynx, nor was it tender under pressure. He had no cough, but a frequent "*scraping out*" of the larynx, which he said was not prompted by any tickling or uneasy sensation, but from an instinctive idea that there must be something there that obstructed the free use of his vocal organs. Although there was some obscurity in the absence of usual symptoms, still I gave it as my opinion that there was chronic inflammation and thickening of the mucous membrane of the larynx, and advised the use of counter-irritants externally, and nitrate of silver to the diseased surface.

The affection gave him so little inconvenience that he did not feel disposed to submit to the treatment, and I therefore saw but little of him professionally, until the summer of 1852, when he again consulted me. The symptoms were nearly the same, and the previous treatment was again advised. He now consented, and I passed a sponge-probang, loaded with a solution of nit. argenti (℞ ij. ad aq. ℥ j.), into the cavity of the larynx. It produced considerable spasmodic action, which soon subsided. This I repeated every other day, with croton oil externally, for a few weeks, with an evident improvement in the use of his vocal organs. In ordinary conversation, this improvement was not very perceptible—but upon effort, he could make a much louder tone than before. He now neglected to present himself, and resorted to the trial of various remedies suggested by his friends, such as astringent gargles, chewing oakum, &c., but without benefit, until in January, 1853, he contracted a severe "cold," which produced *complete* aphonia. The acute catarrhal symptoms soon subsided, under appropriate treatment, but with no return of his voice. There was not even any pain or tenderness about the larynx, nor dyspnoea. There had been at no time difficulty of deglutition. I again applied the nitrate of silver as before, with blisters, and administered iod. potass. (gr. ij. ter die), but with no perceptible advantage.

In the month of March following, he began to have some difficulty in respiration, which gradually increased until it became quite inconvenient. Dr. Parker, of New York, was consulted about this time, who confirmed the diagnosis I had before made, and advised the use of mercurials carried to slight pyralism, and the continuation of the counter-irritants. He was accordingly put upon the use of bi-chloride of mercury in comp. syr. sarsaparilla, until his gums were slightly affected, but with no amelioration in his symptoms. The dyspnoea continued to increase, until he was nearly incapacitated for any exertion, and finally, after a night of intense suffering, from threatened suffocation, I opened the trachea (June 18th), and inserted a silver canula, from which he experienced immediate relief. From the advantage we now had of having the parts at rest, and the facility of applying topical remedies to the mucous membrane of the larynx, they were again resorted to, with some faint hope of benefit. I should mention, perhaps, in connection with the operation of tracheotomy, that we found the rings of the trachea, as well as the cricoid cartilage, quite firmly ossified, which made it somewhat difficult to make the necessary opening into the trachea. The presence of the ossific deposit suggested to me the possible nature of the disease—and the subsequent history and progress of it, most painfully confirmed the suggestion. About this time, the throat in the region of the larynx began to enlarge, externally, from the formation of an abscess, and in the course of three or four days, it having pointed on the right side of the larynx, I opened it, and there escaped about a teaspoonful of pure, healthy-looking pus. From the small amount of matter dis-

charged, and the still remaining enlargement of his throat, I was convinced of the presence of a deep-seated abscess, bound down by the deep cervical fascia, and suggested the propriety of making an incision through the fascia, and thereby giving exit to the matter. But from the severity of the operation, and the hopelessness of affording permanent relief, it was abandoned. The superficial abscess was kept discharging for two or three weeks, by the aid of poultices, &c.; but it seemed to have no connection with the (probable) deep-seated one. He was now put upon the use of cod-liver oil, with Lugo's solution of iodine, and generous diet. At this time the larynx was perfectly occluded, as he could not force a particle of air through it when he put his finger over the end of the canula. A profuse expectoration of muco-purulent matter was now established, which of course was expelled through the canula. There was also an almost intolerable fetor from the throat, which led me to suppose that the laryngeal cartilages, in their ossified condition, were being involved in the ulcerative action that was now evidently going on.

On the evening of the 25th of September he had a violent fit of coughing, followed by a profuse expectoration of pus, which continued through the night and next day. The enlargement of the throat, which had continued about two months, now rapidly subsided, until it became even smaller than natural, from a sinking in, over the top of the larynx. The expectoration of pus gradually diminished. On the evening of October 22d, I was sent for in haste to see him, as symptoms of suffocation had suddenly come on. I found him quiet, however, but restraining his desire to cough, fearing a return of the suffocation. I immediately removed the canula and desired him to cough; and when he did so, I saw a whitish-looking substance at the bottom of the wound, which I removed with some difficulty by a pair of forceps. It was a portion of bone, one inch in length, half an inch in width, and about one eighth of an inch in thickness, and quite spongy. He shortly afterwards expelled another piece, rather smaller and less spongy. The fetor from the wound immediately subsided, and he found that quite a column of air could be expelled from the mouth when the tube was closed. His spirits revived, and he seemed to be improving. He had been supported for the last few weeks by porter, quinine, &c.; no treatment being particularly directed to the local disease, as none seemed available. Our hope (a shadow) rested on Cullen's *vis medicatrix nature*. But the truce was of short duration. The swelling in the neck again returned, accompanied by the same intolerable fetor and purulent expectoration. At the same time the skin became involved in the ulceration, and its destruction displayed a hideous-looking cavity—extending from within half an inch of the os hyoides to, and involving, the cricoid cartilage. From this time he rapidly failed. The ulcer continued to spread into the surrounding tissues. There was an *abundant* purulent expectoration, which continually harassed him—so that he got but little sleep, except

in the interval of coughing, which was usually about ten minutes. About 2 o'clock, on the morning of the 4th of December, an alarming attack of hemorrhage came on, from a large vein destroyed by the ulceration. It was checked by the application of cold, although not until after it had materially weakened his pulse. The hemorrhage recurred some three or four times, subsequently, but not to any alarming extent. Stimulants were freely resorted to, to sustain his sinking powers. On the 22d of December, on attempting to drink, the fluid was observed to escape from the wound in front; and in a day or two afterwards both fluids and solids so escaped. His food and drinks were now administered through a tube introduced into the œsophagus; but he rapidly sank, and died without a struggle, December 29th.

Autopsy, fourteen hours after death. Body very much emaciated. The trachea, larynx and œsophagus were removed from the body. The epiglottis was much smaller than usual, owing to an irregular thickening of the lining membrane. Upon laying open the trachea, posteriorly, the cavity of an abscess was found occupying the position of the cricoid cartilage, and which had burst near the rima glottidis. The lining membrane of the larynx was thickened, corrugated, and had a granular appearance; part of it was ulcerated, through which the abscess had communicated with the pharynx.

Upon cutting into the substance of the lungs, they were found completely filled with pus. Other organs healthy.

A. H. THOMPSON, M.D.

Walden, Orange Co., N. Y., March, 1855.

CASE OF DISLOCATION OF THE FEMUR INTO THE SCIATIC NOTCH.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I send you a brief report of a case of dislocation of the femur into the sciatic notch (which presented what seemed to me a note-worthy peculiarity), for publication in the Journal should you think it of sufficient importance.

Very respectfully, your ob't serv't,

Pittsfield, March 20th, 1855.

T. CHILDS.

On the 18th of October, 1850, I was called, with Drs. H. H. Childs and Dickinson, to see H. L. B., of Stephentown, N. Y., in whom Dr. Dickinson had diagnosed a dislocation of the femur, without deciding as to the particular variety. The accident occurred on this wise. The patient, a man of intemperate habits, went to bed intoxicated on the night of the 17th, in an attic above his grocery. Some time in the night, he rose to go down stairs, and, not having slept off his debauch, went to the wrong end of the stairway, and stepped off (ten or twelve feet) with one leg, leaving the other behind long enough to receive the whole momentum of

his falling body. He was found the next morning, helpless, at the bottom of the stairway. I saw him late in the afternoon of the 18th, and found him with high febrile excitement, and in great distress from retention of urine. After the abstraction of some blood, and the evacuation of his bladder with the catheter, I examined the injured limb, which presented the following appearances. Shortening half an inch; perfect immobility and *marked eversion of the foot and of the entire limb*. Position of the great trochanter could not be accurately made out, the patient being very muscular, very corpulent, and the tumefaction of the whole region of the hip very great; nor could the head of the bone be found. The inguinal and hypogastric regions of the injured side were excessively tender; but with the best examination the patient could tolerate, the head of the bone could not be made out on the pubes. Still we persuaded ourselves that it must be there. In short, the great *eversion* of the limb misled us, and we applied our extension, with Jarvis's adjuster, as for dislocation on the pubes, broke, fortunately, one of the extension cords, and failed of reduction. As by this time it was night, we desisted from farther attempts, gave the patient an anodyne, applied anodyne fomentations, and allowed him to rest till daylight. In the meantime, reflecting on the case, we came to the conclusion that in spite of the *eversion*, the head of the bone must be in the *notch*. As we were discussing the matter in Dr. D.'s office, I happened to look into his Braithwaite,* and was confirmed in our diagnosis by finding the following extract from Quain in the Medico-Chirurgical Transactions. "The advanced position (in the backward dislocation) of the displaced limb at the knee, 'the toe resting against the great toe of the other foot,' are not necessarily present in this dislocation."

Early the next morning, we re-applied our extension *in the right line* (one of us lifting the head of the bone—the patient under chloroform), and in a few minutes reduced the dislocation.

The point of interest in this case is of course the existence of a dislocation into the sciatic notch (as this certainly was), with *marked eversion*. The paragraph above quoted from Quain, is the only "authority" I have as yet met with for it. Certainly all the systematic books give a degree of *inversion* as an invariable accompaniment. Cooper gives no exception to this. But I am convinced by experiment on the subject that there is no "anatomical impossibility" in its occurrence.

THE CLIMATE, DISEASES, &c., OF NORTHERN ILLINOIS.

BY STEPHEN W. WILLIAMS, M.D., LAONA, ILL.

[Communicated for the Boston Medical and Surgical Journal.]

NORTHERN Illinois is in about the same latitude as Massachusetts. A comparison of the climate of the former with that of the latter will

* Braithwaite, Part 19, page 123. 1849.

show that it is milder here than in Massachusetts. I spent four or five weeks here in the spring and summer of 1851. During thirty out of thirty-four days, then, there was almost incessant rain, accompanied most of the time with wind, vivid flashes of lightning, and tremendous peals of thunder. I then thought it was the land of almost perpetual rain. But the oldest inhabitant told me that no such continued storms were ever known here before, and certainly none such have occurred since. When I came here, early in the fall of 1853, I was informed that there had been but little rain the preceding summer, and there was very little in November. Almost the whole of December was warm and pleasant, with very little rain, and scarcely snow enough to whiten the ground; while in New England, I was informed, the snow was so deep as to render travelling toilsome and difficult, and it was very cold there. The month of January was ushered in quite cold here, and it remained pretty cold during the greater part of the month. The thermometer was five or six times below zero; once, 22 degrees below. There was in all about six inches of snow on the ground, but never more than four inches at a time, and we had about three weeks of pretty fair sleighing; while in New England you were blockaded with snow. The month of February was much pleasanter than the month of March usually is in New England, with no snow upon the ground, and no storms. Cattle subsisted in the open fields during the winter. In New England I understand there was a great deal of snow, and the weather was very rough and boisterous.

The month of March here was very mild and pleasant, and our spring birds arrived very early in the month. The mud was dried up in the roads soon after the middle of February, and it was as good wheeling soon after, as it ever is in the summer. Many of our farmers ploughed their fields and sowed their spring wheat early in the month of March. This month in New England was severely cold and uncomfortable, and the ground was deeply covered with snow. The month of April was unusually warm and dry here. The thermometer, part of the time, in the shade, was more than 92 degrees above zero; once, 96 degrees above. Such a drought here in the spring was never known before. In the eastern States the month of April was gloomy, and you had an unusual quantity of rain, which continued into the month of May. Deerfield and Connecticut rivers rose higher than they were ever known to have risen before within the memory of man.

I shall continue the contrast no farther, but just observe that the weather here was very dry till wheat harvest, about the middle of August, when we had a very little rain, but not enough to raise the springs, or to injure the crop in the least. From that time till after the first of January, 1855, there was one continued drought, which was so severe that the water in many springs, creeks and ponds, dried up, and many people had to travel great distances for water for their families and cattle. The weather, a good deal of the time, was very sultry and oppressive. Our oldest inhabitants

do not remember so severe and long-continued a drought. The first rain of any consequence was about the 6th of January, 1855, when the water fell in sufficient quantities to raise our creeks, and fill our cisterns from the roofs of the houses. We had a little cold weather and about two inches of snow the latter part of December, but not enough to make any sleighing. The thermometer once sunk to two degrees below zero. It began to thaw about Christmas, and continued to thaw till after the rain of the 6th. Since then the ground has been bare of snow, and the weather, with the exception of two or three days, on one of which the thermometer sunk to ten degrees below zero, was very mild; and at the time I am writing (January 17th) it is a beautiful spring-like morning.

In relation to the health of this section of the country since I have been here, I will observe that the months of November and December, 1854, were quite as healthy as those months usually are in corresponding degrees of latitude in distant parts of the country. There were scarcely any of the *reliquæ* even of former fevers and diseases. There was rather more sickness in January than in the two preceding months. Diseases of pneumonic character were the most prevalent. But they usually yielded readily to the ordinary, not peculiar treatment of those complaints. Pneumonic fevers were generally much shorter in their duration than at the east. Many patients were attacked with great violence, and their complaints threatened to be of as long continuance as in New England, but they more readily recovered, without the lancet, than such patients usually do there. More old people are attacked with this complaint in New England than here, and it is much more fatal there than here, owing, perhaps, to the robust character of the people at the West, who are generally young and vigorous, and more able to resist the inroads of these complaints. Pneumonia was the prevalent disease throughout the greater part of the months of February and March.

The months of April and May were healthy, and I believe they are generally considered to be healthy throughout the United States. There were more complaining in the month of June, when pneumonic diseases again became prevalent. I impute them, in a great measure, to the carelessness of the people generally in relation to them. The days are then hot, and the nights comparatively damp and cold. I have known laborers wear no more clothes in the evening than they usually wear when at work in the middle of the day, which is often only their shirt and pantaloons. I have even known them ride miles in the evening with nothing but this dress, when I have been obliged to wear a thick overcoat. The consequence often is, severe colds, terminating in pneumonia or lung fever. These complaints, even here, often lay the foundation for pulmonary consumption; and I think the time will arrive when that complaint will be as prevalent here as in New England, though for a summer sojourn through the lakes by Mackinac, I believe none can be more

salubrious. We have a few cases of consumption, which I think were incurably located before the patients left the East.

In the month of July, bowel complaints became quite prevalent. Without ascribing anything to the agency of the cholera, I may observe that about the first of July several car loads of immigrants, containing many hundred Norwegians, arrived at Chicago. Very many of these were quite sick with the cholera, and several of them died there. They came in a crowded vessel from Norway, and landed at Quebec or Montreal, in Canada. They were then put on board of a more crowded vessel, and arrived at Chicago by the way of Buffalo. As many as were able, moved into various parts of the country west. A mother and child came here with the complaint, and died with it. The weather was very hot, and such as would be likely to induce bowel complaints and aggravate the cholera. Dysenteries, diarrhœas, and common cholera morbus, were much more prevalent than were ever known here before; but they had no connection with the cholera which was brought here by the immigrants. Dysenteries and bowel complaints were more protracted and unyielding than I had ever known them at the East. Our best method of treatment was by astringents, particularly crude opium, tannin, and the chalk mixture largely charged with opium. There were but few deaths in comparison with the number who were attacked with the disease. In some instances the complaint was so protracted as to run on to ulceration of the bowels. In one of these severe and dangerous cases the patient experienced great relief from the diluted sulphuric acid in doses of from fifteen to twenty-five drops. He finally recovered, though quite advanced in life. We lost but two or three patients, and those were infants, although our ride was very extensive.

About the first of July the typhoid fever commenced on the open rolling prairie, four or five miles south west of us, where it had been perfectly healthy before. The people supposed it to proceed from a case of ship fever which was brought to one of the families where the typhoid fever prevailed soon afterwards, quite extensively. This patient came over with immigrants who brought the cholera to Chicago, and died in a few days. As the others were taken soon after, they imputed their complaint to contagion from the ship patient, though most erroneously. The complaint was protracted in this family. A daughter who lived in a neighboring house, but who was much in the family of the sick, was taken with the complaint and died within a week. That family had no faith in physicians, and they resorted to the cold-water method of treatment, and in eight days the woman was a corpse. An infant child of hers died soon after, with the same complaint. Several others of the family, residing in separate houses some half a mile apart, sickened with the same complaint, and some of them remained sick during the fall, and one or two more died. Some of them; I understood, resorted to spiritual intercommunications,

and the incantations of animal magnetism, for the cure of their complaints, and they were slow in their recovery, and some of them died. So far as I can learn, those did best and recovered soonest who received treatment from regular physicians, notwithstanding the self-limited nature of the fever, though the complaint was protracted under the most favorable circumstances. Although we attended upon several patients during the continuance of this fever, yet we were so fortunate as to lose none of them.

There was one peculiarity in the symptoms of this complaint in addition to what is laid down by our best writers on the subject of typhoid fever, and that was, in every case which came under our observation, upon the invasion of the complaint, the patient uniformly complained of soreness and filling up of the throat, without enlargement of the glands, similar to the effect of canker, and this continued for a great length of time, without any cough, in most instances, though in some, as the inflammation extended down the trachea, the cough was somewhat troublesome for a short time. The other symptoms very nearly corresponded with those of the common typhoid fever of the East. Nor was there anything peculiar in the treatment of the complaint, which is now so well understood by every intelligent, regularly-educated physician. I think there was no combination of ague with the complaint; consequently it did not require large doses of quinine, like that disease. Chloric ether, pure brandy, and good Port wine, were excellent adjuvants in the latter stages of the complaint, and of indispensable necessity. A few cases lingered till into the January following.

The fever and ague, or intermittent fever, began to prevail about the first of October, and it was much more prevalent than it had been before for some years. Indeed, from that time till this, there have been but very few and scattered cases of this complaint here. The extreme hot weather had in a measure dried up the marshes, sloughs (pronounced *stoo*, here) and bottoms, and left their miasma exposed to the influence of a burning sun, and, when they were not entirely dry, the exhalations in the form of fog and vapor were diffused throughout the atmosphere by winds, and the effects in the form of intermittents were felt quite extensively. Those who resided in the neighborhood of the bottoms were most severely affected, but very many felt its influence at a distance, even in the timbered lands, and agues of the mildest grade to the most severe types of it were very prevalent, and we were not long in disposing of several bottles of quinine in appropriate doses. Much of this complaint was aggravated, if not induced, by carelessness on the part of the patients, by not guarding themselves, as I have heretofore said, when speaking of pneumonia, by sufficient clothing, especially in the evening. We had no fatal cases of the complaint, and it very soon yielded to the common remedies, the most efficient of which was quinine. I think the Dover's powder, in four or five-grain doses, combined with quinine, is a great adjuvant, and aids in a speedy cure. The complaint subsided as the winter set in.

In ordinary seasons, I think we have nothing to apprehend from intermittent fever, and it is getting to be a very rare, and a very mild complaint here. Our immigrants from the East do not appear to be more exposed to it than others who have become acclimated. We have several people in this neighborhood from the county of Franklin, in Massachusetts, none of whom, to my knowledge, have ever had the complaint. My family have been here nearly a year and a half, and have been exempt from it. My son, Dr. E. Jenner Williams, came here at the time of the early settlement of this county, and has been in practice here between seven and eight years, and has been exposed to all the vicissitudes of the weather, both by day and night, in his practice, and has never had the slightest attack of this complaint. I think this part of the country as healthy as any part of New England.

REMARKS ON A CASE OF OVARIAN DROPSY UNSUCCESSFULLY
TREATED BY INJECTION.

[Read before the Boston Society for Medical Observation, March 19th, 1855, by GEORGE C. SHATTUCK, M.D.]

[We were unable, for want of room, to print in our last number the whole of Dr. Shattuck's interesting paper on ovarian dropsy. The concluding portion consists of remarks on the case by Dr. S.—Eds.]

A great deal has been said and done, within a few years, for the permanent relief and cure of ovarian dropsy. In his paper, published in 1850, in the American Journal of the Medical Sciences, Dr. Atlee analyses 179 cases where operations had been performed for the removal of ovarian disease. The rate of mortality for all these was 1 in 2 $\frac{2}{3}$. In the 78 last cases the rate of mortality was 1 in 3 $\frac{1}{2}$. Now patients do live a great while with ovarian disease, and when, from various causes, they apply for a cure and are anxious for an operation, they may be told that their chances from gastrotomy are two out of three. Monsieur Duploy, in February, 1853, published an article on the treatment of ovarian cysts by iodine injection. He begins with dwelling upon the inefficaciousness of purgatives, diuretics, diaphoretics, counter-irritants, and sorbefeacients. He then speaks of the danger of surgical operations, and even of irritating injections. He cites a case by Lizars, and another by Denman, where Port wine was injected, one patient dying at the end of two weeks, and the other living only six days. He thinks that the injections of iodine into ovarian cysts have been successful beyond any other means in affording permanent relief. He goes on to mention different cases; the first, where M. Ricord operated in 1844. He alludes to the memoir published by M. Bonnet in 1852, in which two cases, selected from several, are published in detail. In one of these the enormous sum of twenty-two French quarts was removed from a cyst. A question arising in the case just reported, was, how far the iodine would come in contact with

the walls of the cyst. In the case reported by M. Duploy, observed by M. Monod and himself, the cyst also was very large; sixteen and a half litres were removed from it. Two hundred and fifty grammes of a liquid composed of a hundred parts of water, of fifty parts of alcohol, of five of iodine, and five of the ioduret of potassium, were injected. The abdomen was kneaded and worked in all directions, so as to bring the liquid more thoroughly in contact with its walls, and then it was removed by means of pressure and a syringe. Pressure was made on the abdomen. This patient was 65 years of age; fifteen years had passed since the tumor was first observed. Three years before the operation was performed, the abdomen was more distended than it generally is at the full term of pregnancy. In this case there was a febrile excitement at the end of twenty-four hours, some pain in the hypogastric region and in the iliac fossa, but it soon disappeared; and the convalescence went on uninterruptedly; a slight tumor in the iliac fossa only being left. The fluid removed was serous. This is considered more favorable than where the secreted liquid contains albumen.

In the case just reported, at the time of the first operation the patient was in remarkably good condition for it. She lost her courage and her spirits when her abdomen began to be again distended, and it was evident that the expected permanent relief would not be afforded. Though there was no autopsy, can there be any doubt of the death being caused by peritonitis resulting from the escape of the injected fluid into the peritoneal cavity?

ON THE STATE OF ARTIFICIAL ANÆSTHESIA AS A MEANS OF
FACILITATING UTERINE DIAGNOSIS.

[In accordance with an intimation in last week's Journal, we commence publishing extracts from the communications of Prof. J. Y. Simpson, which as yet have not appeared in print.—Eds.]

Since the first introduction of ether and chloroform into obstetric practice in 1847, Dr. Simpson has annually endeavored to point out in his lectures the great advantages that are occasionally derivable from their employment, in the way of facilitating obstetric diagnosis. The production of a state of anæsthesia has been found specially useful as a means of physical diagnosis, under the following circumstances:

1. In cases of difficult parturition, the state of anæsthesia enables the accoucheur to ascertain more easily and exactly, by his tactile examination, any peculiarities in the position or presentation of the child, or in the nature and amount of any impediment existing in the pelvic bones or maternal passages.
2. In instances of uterine or ovarian disease, connected with neuralgic tenderness of the abdominal walls and pelvis, it is often im-

possible to make a complete and useful tactile examination, unless the patient be previously anæsthetized.

3. In spurious pregnancy, with its usual characteristic, abdominal distension, the use of chloroform at once, as is now well known, enables the practitioner to decide the nature of the case; the abdominal enlargement disappearing as the state of deep anæsthesia supervenes.

4. In the two preceding morbid states, and in any other cases of uterine or ovarian disease, requiring a very accurate tactile examination, the previous production of anæsthesia not only allows the tactile examination to be gone through without suffering, but further, it very greatly facilitates the examination by the state of local and general relaxation which it induces. Under such relaxation, the physical examination of the uterine organs by touch is rendered infinitely more perfect.

5. In instances where a required examination is objected to, from motives of delicacy, the state of anæsthesia saves the feelings of the patient—a matter of no slight moment in the practice of the obstetric profession.

Hospital Reports.

MASSACHUSETTS GENERAL HOSPITAL.

Abscess in the Lumbar Region.—(Under the care of Drs. BOWDITCH, CABOT and CLARK. Reported by CHARLES ELLERY STEDMAN, House-surgeon.) Bridget D., æt. 24, was admitted into a medical ward January 10th, 1855. She was exposed to cold and wet on Christmas day, but felt no inconvenience from it until the fourth day after, when she was attacked with pain in the right hypochondrium, with faintness and dizziness. She gave up work on the 8th, on account of weakness and pain in the right side. She had also considerable fever on that day.

The record of the 10th says—"Now in bed. Complains chiefly of weakness, and pain in the right hypochondrium, sometimes extending round to back. Respiration natural, 16 in a minute; pulse 98, rather small; skin somewhat warm; tongue moist, with whitish coat; appetite poor; abdomen full and tympanitic, not tender. Bowels opened on the 7th by medicine. Is restless at night from pain in side. (Sulph. morph. in solution.)

"11th.—Pain below ribs, sometimes extending to loins, and at upper and outer part of right thigh, where it is chiefly situated, preventing easy extension of leg. No pain in joints. Has never been yellow. Tenderness over region of liver, and right side of abdomen, which is tense. Much tenderness over region of right kidney; none over left. Urine dark red, and normal in quantity."

The patient was treated by purgatives, and fomentations and leeches to the seat of pain, and on the 13th was much relieved. On the 25th the tenderness of the abdomen returned, with tension of its walls and tympanitis. 27th, perspiration, sordes on the teeth; pulse 96, small; urine loaded with red deposit.

"28th.—Pulse 104. Much tenderness in right lumbar region. There is a very sensitive spot near the spine, between the ribs and the ilium, about the size of the palm of the hand, and somewhat prominent and elastic.

"February 1st.—Yesterday evening she complained of pain in the right ear, which has been rapidly increasing ever since, preventing sleep. Right side of face, chiefly in region of parotid gland, much swollen and exquisitely tender, with slight blush. Cannot open her mouth. Pulse 120. Tumor in back more prominent, softer, somewhat red in centre, less painful.

"6th.—Patient was transferred to a surgical ward. She is feeble and emaciated and moans with pain. Countenance anxious; lips pale; pulse 112. At 11, A.M., an attempt was made to draw off the contents of the abscess with a trocar and syringe, but the flow of pus through the canula was prevented by shreds of lymph, and Dr. Cabot made a free incision with a scalpel. About 3xx. of thickish pus, with flocculi of lymph, were discharged. The opening was closed with adhesive plaster. The patient being somewhat collapsed after the operation, gave 3ss. brandy. At 1, P.M. there was scarcely any pulse at the wrist. At 7, after having taken stimuli freely, it was 98, and sufficiently strong, and the color returned to the cheeks."

The patient experienced great relief from the operation, though she continued weak from the discharge, which was profuse. The swelling of the face subsided without suppurating, and she became convalescent on the 20th, when the discharge from the abscess ceased.

Case of Wounds in the Abdomen.—Death in 72 hours.—Puncture of the Liver and Stomach.—(Under the care of Dr. J. MASON WARREN. Reported by A. P. HOOKER., House-surgeon.) March 18, 1855.—Michael Murphy, æt. 30, a strong, healthy-looking Irishman, got into a fight with some of his countrymen, while under the influence of liquor, on St. Patrick's day. He received three severe stabs, besides numerous smaller ones, which merely penetrated the skin. The first stab was in the right hypochondrium, about an inch in length. It was supposed by the surgeon, who first saw the patient, to have extended into the gall-bladder, as a greenish fluid escaped from the wound. A second wound was an inch and one eighth long, and two and a half inches to the left of the sternum; this wound gave the patient more pain than the others. A third stab was over the left ilium, about an inch in length, and penetrated nearly to the bone.

Free hemorrhage had taken place from these wounds. The patient had been vomiting a greenish fluid. He was in much pain, and inclined to lay on the right side. Respiration quick and hurried; cannot draw a long breath. Some roaring sounds heard in left back, but otherwise physical signs not remarkable. No tenderness on pressure; skin hot; pulse 120, small; urine is passed naturally. Is perfectly rational. He continued to vomit; the pulse rose in the course of the next day to 150, and afterwards to 170, and he died at midnight of the 19th.

• *Autopsy.*—Lower part of chest and upper part of abdomen, between the integuments and the cartilages of the ribs, present an ecchymosed appearance. A greenish-yellow fluid was also effused in the same region.

The stab on the left side extended partly through the cartilages of the last three ribs, and through the inferior edge of the liver, for an inch in length. A wound, three quarters of an inch in length, was found in the anterior wall of the stomach, and another in the posterior wall. The stomach was half full of a greenish fluid. The abdomen was filled with blood. The intestines were covered with reddish lymph and small coagula of blood. The gall-bladder was distended with bile, and entire. The other organs were healthy.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

FEBRUARY 12th.—*Abdominal Abscess pointing at the Umbilicus—Discharge of a small oval body—Recovery.* Reported by Dr. ALLEY.—The patient is an Englishman, æt. 31, a gilder in a book-bindery. He was first seen January 30th, and stated that two weeks previously he felt a general fulness of the abdomen, with a pricking pain directly through the navel, accompanied by a slight discharge of highly offensive matter from it. Complained much of pain in abdomen, which caused him to assume a partially-bent position in walking. During the last three days had had distinct chills, loss of appetite and feverishness. Had taken two mild doses of cathartic medicine, which had caused two dejections. Upon examination of the abdomen, there appeared to be an unnatural fulness. There was no redness around the umbilicus, but much pain was caused by pressure, particularly over a spot a little to the left, and about an inch from it. Leeches were applied, and allowed to bleed freely, which relieved the pain. During the next three days, the application of spongio-piline, dipped in hot water, afforded much comfort. At the end of that time, the general fulness of the abdomen subsided, and a hard circumscribed tumor appeared around the umbilicus, about three inches in diameter, which caused it to protrude an inch or more above the surface of the abdomen. This state continued for three days, when the abscess burst directly through the umbilicus, and a small oval body was discharged. Dr. Calvin Ellis has kindly furnished me with the subjoined analysis. The patient rapidly recovered his strength, and in the course of a week was able to pursue his usual avocation.

The small oval body was five eighths of an inch in length, and three eighths in breadth; of a pearly color and lustre, externally, where its smooth, rounded surface remained unbroken; but a longitudinal laceration disclosed a central portion one fourth of an inch in diameter, and of a brownish or yellowish-white color, lying in the white substance, which formed a kind of capsule around it. The walls of the external portion were about a line in thickness, and their consistence that of the lining membrane of certain sebaceous cysts. On microscopic examination, it was found to be composed of adipose tissue, the cells of which evidently contained no fat, did not refract the light as usual, and many of them were collapsed, so that portions, particularly the most external, had a decidedly fibrous appearance; but even in these parts, some well-formed fat cells remained. A few well-marked scales of cholesterin were also seen, but no free fat.

The central portion was much more friable than that just described, and composed mostly of delicate, acicular crystals, which, analyzed by Dr. Bacon, proved to be of a fatty nature, and probably those of stearin. Small portions of adipose tissue were also seen, together with a number of short, fine hairs, which did not appear to be attached to any surface. The results of the examination would lead us to infer that the body originated in some cyst.

The specimen is interesting, in connection with one preserved in the cabinet of the Society, viz., a small mass of hair discharged from the umbilicus. "The patient, a middle-aged female, had had pain and tenderness in the part for nearly two years, and for some months a fistulous opening; two other small pellets of hair were discharged about the same time, and the opening then closed."

Dr. Henry J. Bigelow mentioned an instance somewhat similar. There was suppuration at the navel; a sinus led to an inner cavity. Dr. B. dissected out the whole diseased part, and removed with it a pellet of hair. The patient did perfectly well. In another case there was a sinus over the sacrum; caries of the vertebræ had been suspected; there was burrowing ulceration; a lock of hair was found at the bottom of the cavity. Removal of this was followed by recovery.

Dr. Homans, Sen., related a case. There was tenderness about the umbilicus; small parcels of matted hair came away; a tumor formed, which was opened and the whole of the foreign substance was removed. The patient was a very fat, stout man. There had been some trouble at the site of the tumor for several months before the latter formed. Entire recovery. [Dr. J. M. Warren reported three cases of this nature to the Society April 24, 1854 (*American Journal of Medical Sciences*, July, 1854). Fistulous openings over the coccyx; pellets of hair in the suppurating cavities.]

Bibliographical Notices.

Lectures in Reply to the Croonian Lectures for 1854, of CHARLES WEST, of London, on the Pathological Importance of Ulceration of the Os Uteri, by HENRY MILLER, M.D., Professor of Obstetric Medicine in the University of Louisville, &c. Louisville, Ky. 1855. Pp. 71.

The author of this pamphlet undertakes to prove that Dr. West assigns an inadequate value to the cervix uteri, both in a physiological and pathological point of view, and also that he is guilty of unfairness in stating that certain writers attribute to ulceration of the os tincæ a class of symptoms which in reality they ascribe to inflammation of that part.

The value of Dr. Miller's opinions is materially impaired by the spirit in which they are given. Without any obvious reason, he assumes an attitude of hostility towards Dr. West, and what is worse, does him the injustice to depreciate the motives which led him to publish his views. The lectures of Dr. West are characterized by modesty and candor. His object is to show that the importance of ulceration of the os uteri, as the cause of a train of well-known symptoms in women, is much exaggerated. In order to establish his proposition, he makes a simple appeal to facts, which so far as their number goes, are certainly conclusive, and which no one can read without admiring the fairness and accuracy with which they are stated. Even Dr. Miller says, "in the temper and phraseology of these lectures of Dr. West, I find nothing that is exceptionable. His style is chaste, and his manner is courteous and dignified; but," he adds, "the means which he has resorted to to disparage, and, to the extent of his abilities, render contemptible the doctrine and practice of those from whom he differs, are not so laudable. After the most careful perusal of his lectures, my deliberate judgment is, that for whatever force or point they may possess, they are indebted to such a partial statement of the doctrine oppugned as amounts to actual misrepresentation." Dr. Miller entirely mistakes the character of Dr. West, if he supposes the latter ever attempts to "disparage" or "render contemptible the doctrine and practice of those from whom he differs." Dr. West's object is to prove that the importance of ulceration of the os uteri is over-estimated, and "the means which he has resorted to" is a simple numerical statement. Such expressions as, "it is this resort to an

equivoke, using the term 'ulceration' as an equivalent for inflammation and ulceration, but expecting the reader to understand by it nothing more than an insignificant abrasion"—"Dr. West's sneer at the neck as 'a small portion of the womb'"—"Dr. West's sneering allusion to the cervix," and many others, remind us more of the contest between the "Eatanswill Gazette" and the "Independent" than of a scientific discussion.

Dr. West's "Lectures on the Diseases of Infancy and Childhood," now acknowledged, we believe, to be the standard work on this subject in the English language, show him to be a philosophical writer, and an accurate observer. Dr. Miller differs from him in his estimate of the value of careful observation, as a means of acquaintance with disease, as we may judge from the following language;—after quoting Dr. West's remark that "it seems somewhat strange that those who believe in the frequency and importance of ulceration of the os uteri have made no attempt to demonstrate those facts by examination of the body after death; while the only persons who have appealed to its results allege this condition to be very rare and very trivial," he says, "This is truly a curious bewilderment of our Croonian lecturer. To me it appears the most natural thing in the world that those who have abundance of *living* evidence should refrain from seeking corroboration of it among the dead. Why does it not seem equally strange to Dr. West that no *post mortem* evidence is sought for, or deemed necessary in cutaneous inflammation or ulceration? The cases are precisely on a par."

We are by no means convinced by Dr. West's lectures that ulceration or even abrasion of the os uteri is in all cases of trifling importance. The question is still *sub judice*, and can only be settled by the accumulation of accurate observations, and the carefully recorded experience of those who have made a study of the diseases of women, not by vain declarations uttered in the spirit of opposition.

Apart from its controversial character, there are portions of Dr. Miller's lectures which are interesting and valuable. We would recommend particularly the third lecture, as conveying much information respecting the symptoms of inflammation of the cervix uteri, and useful hints respecting its treatment. We hope that Dr. Miller will publish farther results of his experience in the treatment of diseases of the uterus, avoiding the faults which disfigure the present work, in which case we doubt not he will make a valuable addition to our medical literature.

An Address delivered at the first Commencement of the Massachusetts Medical College, by D. HUMPHREYS STORER, M.D., Professor of Obstetrics and Medical Jurisprudence. Pp. 15.

A copy of this beautiful address having been requested for publication by the graduating class, it has been printed by the Messrs. Wilson, in their usual elegant style. The lofty sentiments it conveys, and the wise council and warm encouragement it offers to the young aspirant in medicine, commend it especially to every young man in the profession. The address closes with a graceful and well-merited tribute to the talents, services and worth of Dr. BIGELOW, whose connection with the School ceases, after having presided over the department of Materia Medica and Clinical Medicine for forty years. A few copies of the address are left on sale at this office.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 5, 1855.

VELPEAU, ROBERT AND DELAFOND ON THE DIAGNOSIS AND CURABILITY OF CANCER.

THOSE of our readers who have occasion to see the foreign journals of Medicine, must have noticed with uncommon interest the discussion which has recently taken place in the French Academy of Medicine, on the subject of the Diagnosis of Cancer by means of the Microscope, and on that of its Curability. This discussion, after its apparent termination, has been again renewed, and sustained vigorously by M. Robert, in favor of the microscope, and MM. Velpeau and Delafond, who doubt the utility of this instrument in the diagnosis of malignant disease. The *Archives Générales de Médecine* for February, contains an excellent summary of the debate, and affords an opportunity of furnishing our readers with a sketch of the views of these eminent men on a subject of such great importance.

M. Delafond is a believer in the doctrine of Schwann on the unity of the cell. According to him, the whole organization proceeds from a single element, the cell, which is every where the same. It is only distinguished in the different tissues by the nature of the substance contained in it, and which it derives from the surrounding blastema. Thus the cancer cell possesses nothing specific in its external attributes; its identity depends upon the cancerous liquid which it contains. M. Delafond also supposes that the form of the cell depends upon the character of the tissues in which they are situated; thus, in a soft membrane it is spherical, or oval; under an opposite condition it assumes a fibrous or fusiform aspect, or is even flattened. M. Robert exposes the fallacy of this hypothesis by showing that the spherical or oval cancer cell is often found in the most dense scirrhus, whereas in encephaloid, when softened, and even ulcerated, it is not uncommon to find elongated cells; and in epithelial tumors, free from all compression, as in the lip, or the neck of the womb, flattened cells exist. M. Robert also shows that it is impossible for one familiar with microscopic researches to confound with each other the cancerous, fibro-plastic, epithelial and pus cells; or that the pavement epithelium of the different mucous membranes can be mistaken for cancer cells.

M. Velpeau maintains that cancer cells have been found in tumors which were not cancers, founding his diagnosis not on the permanence of cure, after extirpation, but on the general physiognomy of the patient. But M. Robert clearly shows that of all the symptoms assigned by clinical teachers to cancerous disease, there is not one which is pathognomonic; that those which are reputed most characteristic of the malady, are occasionally met with in affections of a wholly different nature, and he cites as an example the retraction of the nipple, which is found, not only in scirrhus of the breast, but in a form of hypertrophy of that organ, recently described by M. Robin.

M. Velpeau disclaims all intention of throwing discredit upon microscopical researches, or of depreciating men who have undertaken them. He only says, that in certain cases cancer could be diagnosticated without the microscope, and had been cured by operation; propositions which, we presume, no one denies. As to the identity of the cancer cell, he explains how the disagreements between microscopical and clinical observation arose.

He gave certain tumors to microscopists; sometimes they found cancer cells—at others, these were wanting; but in several instances the tumors without cells (non-cancerous tumors, according to the microscope), returned, and multiplied, like the others. On the other hand, M. Velpeau claims to have seen tumors in which microscopists had found cells, and which were nevertheless not cancerous; but his diagnosis is founded only upon the fact that the disease has not returned, whereas it is possible that it may yet do so, in each case. This argument, formerly urged by Velpeau, has been of essential service to the microscopists, in compelling them to make more careful observations, whereby they have been led to discover the extensive class of *nucleated cancers*, now clearly established, so that the objection loses much of its force.

The conclusions of M. Robert have made a strong impression on the Academy; the most incredulous of that learned body begin to believe that there is some utility in the microscope, since so rigid and skilful an observer, after a long study with the instrument, affirms that the anatomical identity of the cancer cell is at the present day undeniable. "In conclusion," says M. Robert, "a classification of tumors, founded upon their structure and anatomical composition, is at once the most philosophical and conformable to true science, the most certain guide both to the prognosis and for treatment. If the microscope has dispelled many illusions as to the curability of true cancer, it shows the possibility of curing many diseases which were formerly abandoned to a fatal termination. The researches made by means of this instrument have caused an immense progress in the study of abnormal productions, and if light is destined hereafter to shine more clearly upon so important a point, much of the glory which will result from it will belong to those who have undertaken these difficult labors with praise-worthy ardor and a perseverance worthy of encouragement."

THE LATE DR. JOSIAH S. HURD.

DR. HURD, whose death was announced in our last number, was for many years one of the principal practitioners in the city of Charlestown, where he was highly respected for his private worth as well as for his high professional ability. His death was occasioned by a rupture of the aorta. While visiting a patient, he was suddenly attacked with symptoms of what was supposed to be apoplexy, from which he partially recovered, and was apparently improving, when, at the end of a few days, he instantly expired. A *post mortem* examination revealed a rupture of the aorta, of upwards of an inch in extent, situated at the summit of the arch. The blood was forced between the middle and outer coats of the vessel, downwards towards the abdomen, and also in the direction of the heart, and finally escaped through a minute aperture into the pericardium. This was doubtless the immediate cause of death. A more minute account of the case, as reported by Dr. ELLIS, who made the dissection, will be given in a future number, among the Extracts from the Records of the Boston Society for Medical Improvement.

Charcoal as a Disinfectant.—The London Lancet thus describes a simple method of obviating the unpleasant odor of sick rooms, &c., as practised in one of the hospitals in that city.—"The charcoal, as tried by Dr. Stenhouse in the dissecting rooms at St. Bartholomew's Hospital, is in rough powder in shallow tin boxes, something in a rude way like lump-sugar broken small; the boxes are about two feet long and one wide, as nearly as we can now

bring them to mind. The effect, as we have been told, in removing noxious smells is quite remarkable; there is no soiling or blackness visible at all. We should say that in wards of hospitals, where there were large purulent discharges from ulcers, such boxes under the beds would be very useful."

Whitlow.—Dr. Brown, of Chatham, publishes in the *Lancet*, the formula of a lotion for the treatment of *paranaris*. It consists of three grains of burnt alum and two grains each of sulphate of zinc and acetate of lead dissolved in an ounce of warm water. The lotions are to be repeated frequently during the day, and Dr. Brown assures us that they will prevent, in the majority of cases, the formation of matter. We are inclined to believe that frictions with mercurial ointment and extract of belladonna, or an early incision, are more reliable abortive remedies in such cases.—*Virginia Med. Jour.*

Medical Miscellany.—The editors of the Buffalo Medical Journal have been prosecuted for libel by Mr. J. D. Hill—the alleged libel being contained in an anonymous article in the October number.—Dr. W. T. Grant has retired from the assistant editorship of the *Georgia Blister and Critic* published at Atlanta, Geo.; Dr. H. Ramsay and two associate editors will hereafter conduct it.—An excellent valedictory address by Prof. S. B. Hunt, to the graduating class in the Buffalo Medical School, is published in the Medical Journal of that city. The class numbered 13.—The honorary degree of M.D. has been conferred on Cornelius Faling, of Royalton, Niagara Co., N. Y., by the University of Buffalo.—Dr. C. T. Quintard, late Professor of Physiology and Pathological Anatomy in the Memphis (Tenn.) Medical College, has withdrawn from his professorship and from the practice of medicine, for the purpose of devoting his future life to the duties of a minister of the gospel. A splendid Bible was presented him by the medical class on his taking leave of the College.—2,981 paupers were admitted to the Almshouse in New York city in 1854. At Bellevue Hospital, in the same city, 7,033 persons were under treatment during the year; at Blackwell's Island Hospital, 3,749; Smallpox Hospital, 210; Lunatic Asylum, 486; in the Penitentiary, 5,983; Nursery, Randall's Island, 1,156; Workhouse, 4,423.—The Hospital for Consumption and Diseases of the Chest, at Brompton, England, has had a new wing added to it, and will now accommodate 230 in-patients, giving over 40 beds to each physician.—The Medical Society of Edinburgh lately celebrated its 118th anniversary.—In the Supreme Court, Philadelphia, Chief Justice Lewis has given a decision, granting a writ of error in the case of Dr. Beale, on the ground that the jury who tried the case, instead of being sworn to render a verdict according to the evidence, were sworn to try the guilt or innocence of the defendant.—The three children, whose birth was premature, belonging to Mr. S. S. Richardson, of Northboro', have died.

NOTICES.

Communications received.—Five Cases of Placental Presentations; Chronic Prolapsus Uteri.

Pamphlets.—Address to the Graduates of the Medical Department of Pennsylvania College, by J. M. Allen, M.D., Professor of Special and Surgical Anatomy. Philadelphia, 1855.—Annual Reports of the Lunatic Asylums at Worcester and Taunton.

MARRIED.—In Brooklyn, N. Y., Melancthon W. Fish, M.D., recently appointed physician to the Protestant Episcopal Mission in China, to Miss Juliet E. Maitland, of Chicago.

Deaths in Boston for the week ending Saturday noon, March 31st, 77. Males, 41—females, 36. Inflammation of the bowels, 1—disease of the bowels, 1—inflammation of the brain, 1—consumption, 19—carditis, 1—convulsions, 4—croup, 2—cancer, 1—dropsy, 4—dropsy in the head, 1—debility, 2—erysipelas, 2—typhoid fever, 2—hæmorrhage, 2—hooping cough, 1—disease of the heart, 3—influenza, 1—disease of the kidneys, 1—inflammation of the lungs, 4—disease of the stomach, 1—marasmus, 2—old age, 3—palsy, 2—premature birth, 1—rheumatism, 1—scrofula, 1—suicide, 1—smallpox, 3—teething, 4—unknown, 4—worms, 1.

Under 5 years, 24—between 5 and 20 years, 8—between 20 and 40 years, 23—between 40 and 60 years, 10—above 60 years, 12. Born in the United States, 48—Ireland, 20—Germany, 6—England, 2—British Provinces, 1.

Massachusetts Medical Society.—We learn that at the last meeting of the Councilors, the 27th of June (the last Wednesday in June) was appointed for the Annual Meeting of the Society.

Position of the Uterus in Early Life.—M. Porchat, Interne of the Parisian Foundling Hospital, has had many opportunities of examining the bodies of young female children dying in that Institution. His observations were chiefly made upon children about two years old, and often younger. He found that *anteflexion* existed in most cases, and hence concludes with Boulard, that this is the normal direction of the organ in childhood. He has also observed *retroflexion*, which condition he considers due to an abnormal deviation of the rectum. He does not regard flexion of the uterus in children as dependent upon intestinal distension from flatus, or upon cadaveric alterations, but thinks that the tissue of the organ is so soft at this period of life, that it has an inherent disposition to become doubled on itself. At a meeting of the Imperial Academy of Medicine at Vienna, Dr. Heschel stated that he had never seen deviation or misplacement of the uterus in the autopsies of young virgin girls when the bladder was full. On the contrary he had remarked its frequency when the bladder was empty.—*Comptes Rendus, &c., de Paris et de Vienne.*

Gastrotomy.—The Wapello, Iowa, *Intelligencer* gives an account of a Mr. T. W. BATES, who accidentally swallowed a bar of lead about eleven inches in length, while attempting to perform the feat of sticking it down his throat. He at first experienced no inconvenience, but afterwards became very ill, as was supposed from the poisonous effects of acids, acting upon the metal. It being found impossible to remove the lead in any other way, the stomach was opened by Dr. BELL of that place, and the foreign substance was extracted. It exhibited the appearance of having been partially corroded. The *Intelligencer* of the 9th states that Bates was rapidly recovering.

The Study of Anatomy in Massachusetts.—The bill entitled "an act concerning the study of medicine," which was before the House of Representatives on Wednesday, March 28th, provides as follows:

1. That Overseers of the poor, Boards of Aldermen, managers of almshouses, prisons, hospitals and houses of correction, shall, upon request, deliver to the order of any member of the faculty of any medical college, or to any medical practitioner, the dead body of any person which is required to be buried at the public expense, for the advancement of medical science, preference being given only to medical colleges during the terms of lectures. No applicant is to receive more than one body until others are supplied. Immediate notice to be given of the death of any person by the one who has charge of the almshouse, &c., to the city or town authorities, or inspectors of the establishment; and the dead body shall not be buried, or delivered for dissection, until notice has been given and permission granted, except when the death was occasioned by some contagious or putrid disease.

2. No dead body to be surrendered, if, within 24 hours after death, any person known to be a friend of the deceased shall become responsible for the funeral charges, or if any parent or child, husband or wife, brother or sister, shall request to have the body buried, or if the deceased person was a stranger, or a traveller who died suddenly. In such cases the body shall be buried. Physicians who receive dead bodies are to give certain bonds, and pay expenses of removal.

3. The dead bodies disposed of in this manner are to be used for the purposes of anatomical and surgical study alone, and in this State. A fine not exceeding \$500, or imprisonment not more than three years, is provided for removing the body beyond the State, or disposing of it for gain.

The vote by which this bill was passed to be engrossed was reconsidered, and then, after some rather earnest discussion, it was recommitted.

Naval Medical Board.—This Board is now in session at the Naval Asylum in Philadelphia. Surgeon THOMAS DILLARD, President; Surgeons JAMES M. GREEK and J. M. FOLTZ, Members; Passed Assistant Surgeon J. A. HENDERSON, Recorder. The Board will probably sit six weeks or two months.